MAY 0 4 2006

PTO/SB/17 (12-04) Approved for use through 07/31/2006, OMB 0851-0032

Under the Panerwor	Reduction Act of 199	no parages are required to	respond to a collection	n of information	uniara ji dirniava a ve	alid OMB control number	
	L	Complete if Known					
Fees pursyant to the	Application Nu	Application Number 09/770,205					
FEE TRANSMITTAL			Filing Date	Filing Date 02/01/2001			
	First Named In	First Named Inventor KEMBLE					
Applicant clair	Examiner Nam	Examiner Name VU, THANI					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit 2:74		<u></u> .	
TOTAL AMOUNT OF PAYMENT (\$) 910.00			Attorney Docke	it No. 6169-1	48		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 50-0851 Deposit Account Name: AKERMAN SENTERFITT							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) or underpayments of fee(s)							
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
Information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING	FEES SEA Small Entity	RCH FEES Small Entity	S	TION FEES mall Entity		
Application Ty	ne <u>Fee (\$)</u>	Feo (\$) Fee		Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150 500	250	200	100		
Design	200	100 100	50	130	65 -		
Plant	200	100 300	150	160	80 -		
Reissue	300	150 500	250	600	300 -		
Provisional	200	100 0	0	0	0 -		
2. EXCESS CLAIM FEES Small Entity							
Fas Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100							
Multiple dependent claims 360 180							
Total Claims			e Paid (\$)	Multiple De Pee (\$)	pendent Claims Fee Paid (res	
	r of total claims paid to	r, if greater than 20		1.00.141	1 65 t. disc	***	
Indep. Cialms	Extra Claim	E Fee (\$) Fe	e Paid (\$)			–	
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: RCE AND 1 MONTH EXTENSION OF TIME 910.00							
SUBMITTED BY							
					61-653-5000		
Namo (Print/Type)	[Authin Market]					Date 06/04/2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this term and/or suggessions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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